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ABSTRACT

The report provides data on services to handicapped children within the Head Start program during the school year 1984-85. Highlights include the following: the number of handicapped children served by Head Start increased by 2,563 from the previous year to 61,898; children professionally diagnosed as handicapped accounted for 12.2% of total enrollment; in all states but Alaska at least 10% of Head Start enrollees were handicapped; the distribution of the four most frequent handicapping conditions included 61.9% speech impaired, 11.1% health impaired, 6.2% learning disabled and 5.4% physically handicapped; in 1985, 18.1% of the handicapped children had multiple handicapping conditions; some 19.7% required almost constant special education or related services; at least one handicapped child was enrolled in 98.3% of all Head Start programs; half the programs reported they were not able to enroll a total of 5,971 handicapped children most often because these children failed to match the age requirements; other agencies or individuals referred 44.9% of the children to Head Start; other agencies provided special education or related services to 67.9% of the handicapped children; and written or informal agreements with local education or other agencies existed in 95.7% of the programs. (DB)

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THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

THIRTEENTH ANNUAL REPORT OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO THE CONGRESS OF THE UNITED STATES ON SERVICES PROVIDED TO HANDICAPPED CHILDREN IN PROJECT HEAD START

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

1986

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FOREWORD

Since its inception, Head Start has provided comprehensive developmental services to low income preschool children and their families. The program seeks to foster the development of children and enable them to deal more effectively with both their present environment and later responsibilities in school and communities. Head Start programs emphasize education, social services, medical, dental, nutrition and mental health services and parent involvement to enable each child to develop to his or her highest potential.

One facet of the Head Start program merits a special salute: its services to handicapped children. Since 1972, Head Start has mounted a major effort to serve handicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported from 22,807 in 1973 to 61,898 handicapped children in 1985.

Head Start is in the forefront of the provision of services to the preschool handicapped child. Mainstreaming provides handicapped children with active, day-to-day group experiences with nonhandicapped children. Giving handicapped children an opportunity to learn, to play, to live with nonhandicapped children takes them a giant step in the direction of participating in the general society as responsible adults in their later years. During the early, crucial years of growth, it is important for children to develop healthy attitudes and perceptions about each other and themselves. Mainstreaming helps children reach that goal.

In 1985, 98.3 percent of all Head Start programs had enrolled at least one handicapped child. These children received a full range of child development services in addition to special education or related services in accordance with their special needs. These special services were provided through the Head Start program, through outside agencies or through a combination of both.

This Administration believes in Head Start. We will continue to support comprehensive services which improve the quality of family life. It is through an alliance -- a working partnership -- between the Head Start program, community resources and State and local government agencies that we can best make an important contribution to the lives of preschool children and their families.

Otis R. Bowen, M.D.
Secretary

SUMMARY

Section 640(d) of the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, 42 U.S.C. §9835[d]), requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children, and that services shall be provided to meet their special needs." This section continued a mandate first made a part of the Head Start legislation in 1974. In addition, the Head Start Act adopts the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act, as amended, (20 U.S.C. §1401[1]). That Act defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services.

Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

It has been estimated that there are 255,300 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although there are various programs available to assist handicapped children, Head Start continues to make a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported from 22,807 in 1973 to 61,898 handicapped children in 1985.

This report is based on data from the Handicapped Services section of the Project Head Start 1984-1985 Annual Program Information Report (PIR), as well as other supplementary data. The PIR was completed by Head Start programs in June 1985. Therefore, the data used in this report are frequently cited as 1985 data, although the report covers program year 1984-1985. This report discusses the status of handicapped children in those Full Year Head Start programs in 1984-1985 that responded to the PIR survey (all but one program responded). Almost all Head Start programs are full year programs that operate eight to twelve months of the year. There are 36 Parent and Child Centers (designed to serve children 0 to three years of age and their families) that were not included in the PIR. The Parent and Child Centers will be included in the 1985-1986 PIR.

Highlights are:

- The number of handicapped children served by Head Start programs increased by 2,563 children from the previous year to 61,898 in 1985.

- Children professionally diagnosed as handicapped accounted for 12.2 percent of the total enrollment in 1985. By comparison, in 1984, children professionally diagnosed as handicapped accounted for 12.5 percent of the total enrollment in full year programs.

- An additional 10,814 children who were in the process of being professionally diagnosed represented 2.1 percent of the total Head Start enrollment.

- The statute requires that 10 percent of the total number of enrollment opportunities in each State must be available for handicapped children but it does not require an actual enrollment of 10 percent handicapped children. However, one objective of the Administration for Children, Youth and Families (ACYF), which administers the Head Start program, is to achieve at least a 10 percent enrollment level of handicapped children in each State. In 49 of the 50 States, the District of Columbia, and Puerto Rico, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in 1985. Only Alaska fell short of the 10 percent enrollment level with 9.9 percent handicapped children enrolled. In the prior year, Alaska also fell below the 10 percent level at 8.8 percent, but has made progress toward the 10 percent level in 1985 with ACYF assistance.

- The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 61.9 percent speech impaired, 11.1 percent health impaired, 6.2 percent specific learning disabled, 5.4 percent physically handicapped, 5.3 percent mentally retarded, 4.8 percent seriously emotionally disturbed, 2.7 percent hearing impaired, 2.1 percent visually impaired, 0.3 percent deaf, and 0.2 percent blind.

- In 1985, 18.1 percent of the handicapped children enrolled in the reporting Head Start programs had multiple handicapping conditions. Some 19.7 percent of the handicapped children served required almost constant special education or related services, 52.1 percent a fair amount, and 28.2 percent little or some of these services. The proportion of children reported as requiring almost constant special education or related services reflected a slight increase of 1.2 percent over 1984.

- In 1985, 98.3 percent of all Head Start programs had enrolled at least one handicapped child.

- About one-half the programs (917) reported that they were not able to enroll 5,971 handicapped children located by or referred to them. The reason most frequently reported was that the children did not fit the age requirements (39.4 percent). In 1984, 52 percent of the programs reported that they were not able to enroll 5,511 handicapped children.

The enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. In 1985, only 32 out of 1,848 Head Start programs served no handicapped children. Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis, i.e., that mainstreams preschool handicapped children.

Preschool programs that mainstream handicapped children give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some handicapped children who, for a variety of reasons, may do better at first in a non-mainstream environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Handicapped children enrolled in Head Start programs received the full range of child development services required for all children in the Head Start Program Performance Standards as published in 45 CFR Part 1304. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, they received the special education and related services required by the Head Start legislation. Some 96.3 percent of the Head Start programs reported special efforts to enroll and serve more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively.

Head Start programs reported many special services provided to handicapped children by Head Start staff including individualized teaching techniques, speech therapy and language stimulation, and transportation. Special services were also provided to Head Start children by other agencies. Examples of such services were medical or psychological diagnosis, evaluation or testing, special therapy and language stimulation, and medical treatment. Head Start programs reported a number of special services provided to parents of handicapped children, including counseling; referrals to other agencies; visits to homes, hospitals, etc.; parent conferences with technical staff and other parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Head Start and other agencies and organizations concerned with handicapped children coordinate efforts in order to make maximum use of their limited individual resources. Head Start programs reported working with other agencies in several ways:

- 44.9 percent of the handicapped children were referred to Head Start by other agencies or individuals; 21.6 percent of the handicapped children were referred and professionally diagnosed prior to Head Start.

- 67.9 percent of the children received special education or related services from other agencies.

- 95.7 percent of the programs had written or informal agreements with local education agencies or other agencies regarding services for handicapped children, about the same as those that so reported in 1984.

Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. During 1984-1985, Head Start programs utilized 9,477 volunteers to provide special assistance to handicapped children, an increase of approximately 74 volunteers over the previous year. Programs also reported utilizing 6,541 staff from outside agencies, 137 more such staff than last year.

Eight program manuals are being utilized to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with teams of national experts and Head Start teachers, under the direction of the Head Start Bureau in the Administration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of handicapped children, 3 through 21 years of age, currently being served (20 U.S.C. §1411(a)(1)(A)). As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education agencies to ensure that children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the State "Child Count." In addition, Head Start programs coordinated their searches for unserved handicapped children with the Statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel also utilized other resources such as the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs and talents. Additionally, the Head Start program provides the special education or related services required by handicapped children.

ACYF has also funded a network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees to enable them to serve handicapped children and their families. In 1977, an interagency agreement between ACYF and the Office of Special Education in the Department of Education designated the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of the grantees in the development of State plans for preschool handicapped children as supported under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 42 States or territories.

To ensure optimal transition by handicapped Head Start children into public school, Head Start personnel help parents participate in developing an Individual Education Program (IEP) for each handicapped child.

CHAPTER I

Handicapped Children in Head Start
Background Information

A. Purpose of this Report

This is the Thirteenth Annual Report to the Congress on Head Start Services to Handicapped Children. Pursuant to the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions and the services being provided to them.

B. Overview of Head Start Policies on Services to Handicapped Children

Section 640(d) of the Head Start Act (42 U.S.C. §9835[d]) requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

In addition, the Head Start Act specifies the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act, as amended, (20 U.S.C. §1401[1]). That Act defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Head Start Bureau, located in the Administration for Children, Youth and Families (ACYF) in the Department's Office of Human Development Services, has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would be detrimental to the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must ensure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to ensure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on ensuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education (formerly the Bureau of Education for the Handicapped) in the Department of Education and other agencies that serve handicapped children reviewed the criteria then being used by Head Start for reporting purposes. Based on that review, an expanded set of criteria were developed which included the addition of a "learning disabilities" category in order to be consistent with P.L. 94-142, the Education for All Handicapped Children Act of 1975, as amended, (20 U.S.C. §1411(a)(1)(A)). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, the criteria were specifically tailored to the developmental levels of the preschool population, aged 3-5.

   In 1978, malnutrition was deleted from the "health impairment" category. A careful review of this category indicated that the inclusion of severe malnutrition was inconsistent with other conditions included under "health impairment." Since then, malnutrition has been dealt with as part of the overall health services reporting and evaluation.

   Since program year 1981-1982, the reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for the subsequent reporting of handicapped children in Head Start. This was done in accordance with the regulation issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of "handicapped children" under the Education of the Handicapped Act, as amended by P.L. 94-142.

   Appendix A presents the diagnostic criteria used in reporting handicapping conditions of the children in 1984-1985 Head Start programs.

4. Severely and Substantially Handicapped Children - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation and who, by reason of their handicap, require special education and related services (see Appendix A). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment opportunities requirement. Head Start considers

the children who need special services, namely those whose handicap cannot be corrected or ameliorated without special education or related services, as handicapped. Children with minimal or other problems, but who do not require special services, will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with nonhandicapped children. Many severely handicapped children, however, can be served on a part-time basis or by dual enrollment with other organizations. Severely handicapped children are enrolled in Head Start except when the professional diagnostic resource recommends that the placement would be detrimental to the child.

5. Services for the Handicapped Child - Head Start grantees and delegate agencies must ensure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services--education, social services, parent involvement and health services (including medical, dental, mental health and nutrition)--should consider the child's needs, his or her developmental potential and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual handicapped child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. Program Models - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include the standard five day center-based model, variations in center attendance, double sessions, a home-based model, and locally designed options, allow the flexibility necessary to individualize services to handicapped

children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on a professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to ensure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State "Child Count" on which allocation of Federal education for handicapped funds is based. Head Start programs are also working with Statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for All Handicapped Children Act of 1975 and by other State and local funding auspices. Head Start actively pursues such arrangements.

9. Ten Percent Handicapped Enrollment by State - Head Start's objective is to achieve at least a 10 percent level of enrollment of handicapped children in each State and to provide the special education and related services necessary to meet the children's needs. ACYF Regional Offices work with individual Head Start grantees to help assure this objective. Regional Office staff help grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Handicapped Children in Head Start

Section 640(d) of the Head Start Act requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the Handicapped Services section of the Project Head Start 1984-1985 Annual Program Information Report (PIR). The PIR data were collected for ACYF by The MAXIMA Corporation. The Program Information Report was mailed to all Head Start grantees and delegate agencies in May 1985. Head Start programs reported on the status of handicapped children as of June 30, 1985, or the end of their program year.

The data in this report are based on responses from 1,848 Head Start full year programs. All but one questionnaire mailed to Head Start programs was completed and returned. Therefore, a response rate of almost 100 percent was achieved. Almost all Head Start programs are full year programs that operate eight to twelve months of the year. There are 36 Parent and Child Centers (designed to serve children 0 to three years of age and their families) that were not included in the PIR. The Parent and Child Centers will be included in the 1985-1986 PIR.

The questionnaire gathered data in the following categories:

1. General - Number of both handicapped and nonhandicapped children actually enrolled and number of center-based classes operated.

2. Staff - Number of programs with coordinators of services for handicapped children and type of degrees or licenses held, number of volunteers, number of staff provided by outside agencies, and number of programs using PA 26 funds (Head Start funds earmarked for services to handicapped children) for staff.

3. Enrollment of Handicapped Children - Data on number of handicapped children enrolled who were professionally diagnosed (reported by handicapping conditions), levels of special education or related services required, multiple handicaps, referrals from outside Head Start, ages, home-based and center-based experience. Also reported were the number of handicapped children who were located by or referred to Head Start programs that were not able to be enrolled, and the number not yet professionally diagnosed but believed to be handicapped at the time of the survey.

4. Services - Data on number of handicapped children, by handicapping condition, receiving services from Head Start and other agencies; number of programs offering special education and related services for handicapped children and their parents which were provided by Head Start and other agencies; the number of classes with at least one handicapped child enrolled; and agreements with other agencies to provide needed services to handicapped children.

Data on enrollment of children professionally diagnosed as handicapped, multiply handicapped, levels of special education or related services required, and number of those children receiving services by Head Start and other agencies were reported by handicapping condition.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 255,300 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Although Head Start cannot meet the needs of all these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has increased since the data were first reported in 1973. In November-December 1973, Head Start programs were serving 22,807 handicapped children or 10.1 percent of their enrollment. As of June 1985, Head Start programs reported that they had served 61,898 handicapped children or 12.2 percent of their enrollment during the 1984-1985 program year. Since 1973, the proportion of handicapped children served has ranged from 10.1 percent to 13.4 percent of Head Start enrollment. All but a small fraction of these children are being mainstreamed.

Highlights are:

- o There were 61,898 handicapped children served in Head Start programs in 1985. This represents an increase of 2,563 children over the 59,335 handicapped children served in 1984. Children professionally diagnosed as handicapped accounted for 12.2 percent of total actual enrollment in Head Start programs, a slight decrease from the 12.5 percent in 1984.

- o In 49 of the 50 States, the District of Columbia, and Puerto Rico, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment.

- o American Indian and Migrant Programs also surpassed the 10 percent enrollment target.

Head Start has exceeded the 10 percent enrollment level nationally with a 12.2 percent enrollment of handicapped children in program year 1984-1985. Only Alaska, with an 9.9 percent enrollment of handicapped children, fell short of the 10 percent enrollment target.

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* The March 1985 Current Population Survey conducted by the Bureau of the Census reported that the number of children in poverty in the age group 3-5 is 2,553,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent, or 255,300 of these children are handicapped.

In addition, the following territories were below the 10 percent enrollment level: Guam, 9.9 percent; Trust Territories of the Pacific Islands, 6.3 percent; Virgin Islands, 5.3 percent; and American Samoa, with no reported handicapped children. (Appendix C provides enrollment data for each State and territory, and Indian and Migrant programs.) Both Guam and the Trust Territories of the Pacific Islands reflected some increase, showing progress toward the 10 percent level.

In the case of the one State and the territories that have less than 10 percent handicapped enrollment, efforts continue to increase the enrollment of handicapped children. The ACYF Regional Offices are working with the Head Start programs in these areas to identify the reasons for the level of enrollment of handicapped children and to devise specific strategies, such as increasing coordination of resources, for expanding enrollment of handicapped children. Progress toward increasing enrollment in these areas will be reported in next year's Annual Report.

Approximately 98.3 percent of the full year Head Start programs served at least one handicapped child. Head Start programs operated centers with 24,123 classes; 79.1 percent of these classes served at least one handicapped child during the 1984-1985 program year.

There were 4,548 handicapped children served in the home-based option, a program which uses the home as the central facility and focuses on the parents as the primary factor in the child's development. These children represent 7.4 percent of all handicapped children in Head Start. The vast majority, 87.8 percent of these children (3,992), attended a group experience at least once a month.

Of the 61,898 handicapped children served by Head Start programs, 25.4 percent were 3 years of age or under, 59.8 percent were 4 years old, 14 percent were 5 years old, and about 0.9 percent were 6 years or older. (Head Start children 6 years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern States.) Data on age of handicapped children enrolled in home-based and center-based options indicate that those in the home-based option are slightly younger as a group; 39.6 percent of the home-based children are 3 years old or younger, while only 24.3 percent of the center-based children are 3 years old or younger.

Data were collected on the drop out rate for handicapped children for the second time on the 1984-1985 PIR. Of the total number of handicapped children served in Head Start during the 1984-1985 operating year, 5,182 or 8.4 percent dropped out during the operating period. This is a substantially lower proportion than reflected for all children enrolled in Head Start in 1984-1985 where 15.6 percent of the total actual enrollment dropped out during the operating period. Further, of the total number of children who dropped out, 6.5 percent were handicapped children; this is also substantially lower than the proportion of handicapped children of the total actual enrollment (12.2 percent).

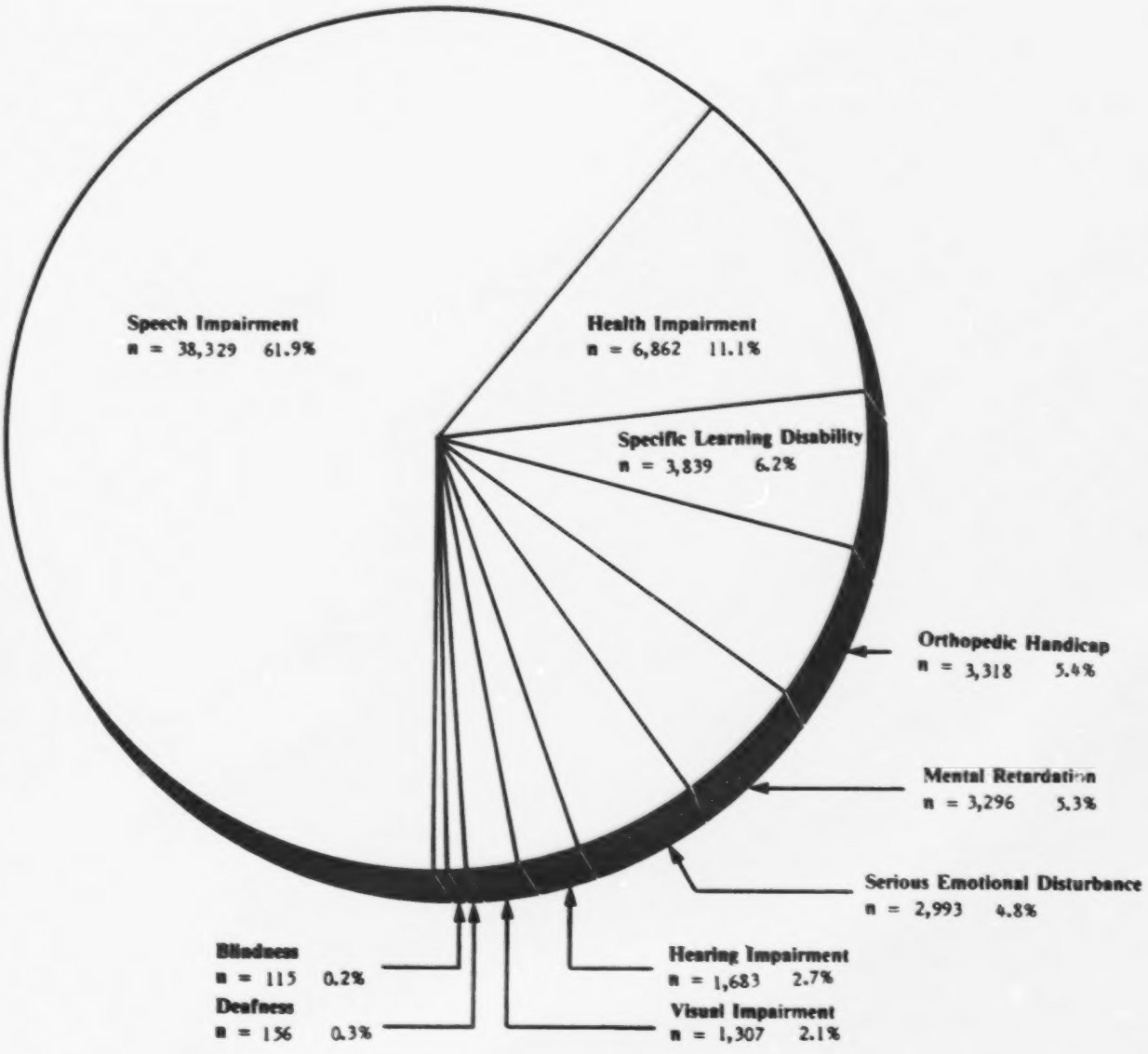
B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Figure 1 and Table 1 as a proportion of the total population of handicapped children in Head Start programs in 1985. Of the handicapped children enrolled in Head Start, 61.9 percent have been diagnosed as speech impaired. This is by far the largest category of handicapped children served in Head Start programs. The size of this category has been of concern. The State Education Agencies report an even higher proportion of speech impaired children in the preschool age range which they are serving under P.L. 94-142 (see Figures 1 and 2). In addition, Head Start requires that all children be professionally diagnosed and a previously completed study on the speech impaired has determined that most of the children categorized as speech impaired in Head Start had been appropriately diagnosed. Thus, the proportion of speech impaired children served by Head Start is consistent with the proportion of preschool children in the larger population served under P.L. 94-142 by the public schools.

FIGURE 1

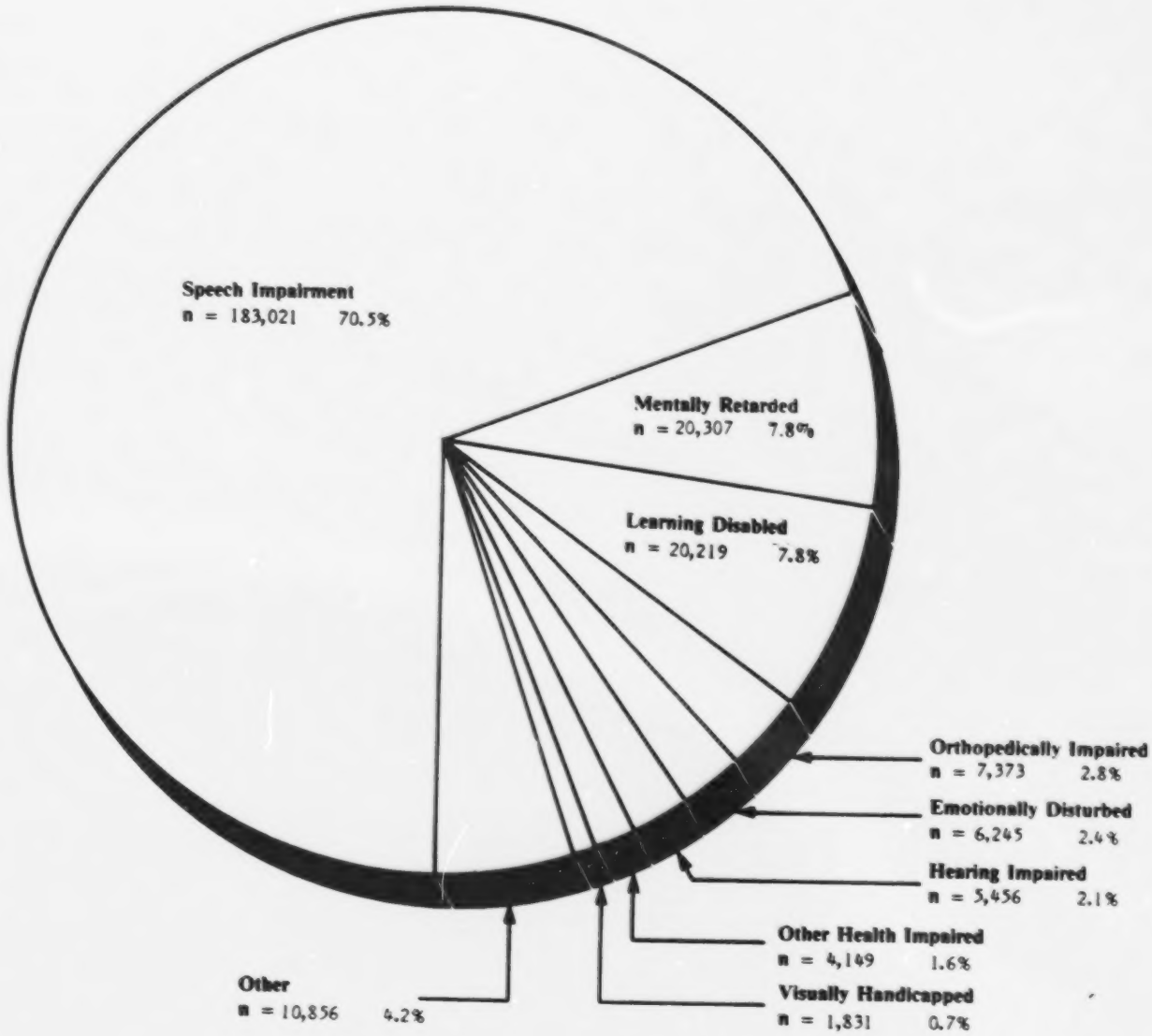
Primary or Most Disabling Handicapping Condition of Handicapped Children Enrolled in Full Year Head Start
June 1985



(Total Number 61,898)

FIGURE 2

Diagnostic Category of Handicapped Children Ages 3-5 Served Under P.L. 94-142 as Reported by State Education Agencies December 1984



(Total Number 259,483

Source: Data from the Office of Special Education, U.S. Department of Education. The data were reported by State Education Agencies as Child Count figures for 3-5 year old children served.

Note: The Visually Handicapped category includes blind children. Hearing Impaired includes deaf children; and Other includes deaf-blind and multiple handicapped children.

TABLE I

Types of Handicapping Conditions of Children
Professionally Diagnosed as Handicapped

Handicapping Condition	Number	Percent of Total Number Of Children Professionally Diagnosed as Handicapped
Speech Impairment	38,329	61.9
Health Impairment	6,862	11.1
Specific Learning Disability	3,839	6.2
Physical Handicap (Orthopedic)	3,318	5.4
Mental Retardation	3,296	5.3
Serious Emotional Disturbance	2,993	4.8
Hearing Impairment	1,683	2.7
Visual Impairment	1,307	2.1
Deafness	156	0.3
Blindness	115	0.2
TOTAL	61,898	100.0

Head Start programs have enrolled children with a wide range of handicapping conditions. Ninety-six and nine-tenths percent of the programs enrolled at least one child who was speech impaired; 66.4 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 61.3 percent; mental retardation, 46.8 percent; specific learning disability, 46.4 percent; serious emotional disturbance, 44.2 percent; hearing impairment, 36.7 percent; visual impairment, 34.5 percent; deafness, 6.9 percent; and blindness, 5.4 percent.

There were 38,329 speech impaired children enrolled in Head Start programs. The data on the specific conditions of speech impairment are presented in Table 2.

TABLE 2

Specific Handicapping Conditions of Children
Professionally Diagnosed as Speech Impaired

Specific Conditions	Percent of Total
Expressive or Receptive Language Disorders	52.7
Severe Articulation Difficulties	40.3
Severe Stuttering	2.2
Voice Disorders	1.4
Cleft Palate, Cleft Lip	1.2
Other Speech Disorders	2.2
TOTAL	100.0

There were 6,862 health impaired children enrolled in Head Start programs. The data on the specific conditions of health impairment are presented in Table 3.

TABLE 3

Specific Handicapping Conditions of Children
Professionally Diagnosed as Health Impaired

Specific Conditions	Percent of Total
Respiratory Disorders	17.6
Epilepsy/Convulsive Disorders	16.6
Blood Disorders (e.g., Sickle Cell Disease, Hemophilia, Leukemia)	10.7
Severe Allergies	9.5
Heart/Cardiac Disorders	8.4
Neurological Disorders	7.3
Diabetes	1.8
Autism	1.5
Other Health Disorders	26.6
TOTAL	100.0

There were 3,318 physically handicapped children enrolled in Head Start programs. The data on the specific conditions of physically handicapped are presented in Table 4.

TABLE 4

Specific Handicapping Conditions of Children
Professionally Diagnosed as Physically Handicapped
(Orthopedically Handicapped)

Specific Conditions	Percent of Total
Cerebral Palsy	31.6
Congenital Anomalies	15.3
Deformed Limb	10.9
Bone Defect	8.9
Spina Bifida	7.6
Oro/Facial Malformation	3.4
Absence of Limb	3.2
Severe Scoliosis	1.1
Arthritis	1.9
Other	16.1
TOTAL	100.0

There were 3,839 specific learning disabled children enrolled in Head Start programs. The data on the specific conditions of specific learning disabled are presented in Table 5.

TABLE 5

Specific Handicapping Conditions of Children
Professionally Diagnosed as Specific Learning Disabled

Specific Conditions	Percent of Total
Motor Handicaps	29.6
Sequencing and Memory	20.0
Perceptual Handicap	16.4
Hyperkinetic Behavior	13.8
Minimal Brain Dysfunction	6.2
Developmental Aphasia	3.2
Dyslexia	0.8
Other	10.0
TOTAL	100.0

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

In 1985, 11,203 (18.1 percent) of the handicapped children enrolled in Head Start programs had multiple handicapping conditions. This is an increase over the number and percent of multiply handicapped children reported last year (10,230 or 17.2 percent). The proportion of multiply handicapped children declined from 27.7 percent in 1978.

Compared to other handicapping conditions, deaf children (68.6 percent) and mentally retarded children (67.7 percent), show the highest incidence of multiple handicap, and speech impaired children the lowest (7.1 percent). Table 6 provides specific data by primary handicapping condition on the number of children who have multiple handicapping conditions.

TABLE 6

Distribution of Number of Multiply Handicapped Children by Primary or Most Disabling Handicap

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One or More Other Conditions
Deafness	156	107	68.6
Mental Retardation	3,296	2,232	67.7
Hearing Impairment	1,683	809	48.1
Specific Learning Disability	3,839	1,468	38.2
Physical Handicap	3,318	1,242	37.4
Blindness	115	42	36.5
Serious Emotional Disturbance	2,993	815	27.2
Visual Impairment	1,307	311	23.8
Health Impairment	6,862	1,460	21.3
Speech Impairment	38,329	2,717	7.1
TOTAL	61,898	11,203	18.1

Finally, 19.7 percent of the handicapped children served required almost constant special education or related services, 52.1 percent a fair amount, and 28.2 percent little or some of these services. Compared to last year, those children requiring almost constant special education or related services increased 1.2 percent from 18.5 percent while those requiring little or some services reflected a decrease of 1.8 percent. As in the previous years, deaf, blind, mentally retarded, and seriously emotionally disturbed children required the highest levels of almost constant services.

ACYF continues to pursue an active outreach and recruitment effort for enrolling and serving severely handicapped children. The performance standards and revised guidance on services to handicapped children encourage sharing resources and joint enrollment with other programs and agreements between Head Start programs and local education agencies. Additional materials have been developed for use by the Resource Access Projects in training programs to work with more severely handicapped children.

CHAPTER 3

Services to Handicapped Children

In program year 1984-1985, local Head Start programs developed and carried out activities and services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start, particularly more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own resources and other capabilities to meet the needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services. This chapter reports on the degree to which these activities and services are being performed, and utilization of staff, facilities, and materials.

A. Outreach and Recruitment

Severely Handicapped Children

The data regarding outreach and recruitment were collected specifically on efforts to enroll and serve more severely handicapped children. In previous years, programs reported on special efforts and outreach and recruitment activities utilized to recruit handicapped children in general. Of the Head Start programs, 96.3 percent reported steps taken to enroll and serve more severely handicapped children. The most frequent steps taken by programs reporting these data were: coordination with other agencies serving severely handicapped children (89 percent), specific outreach and recruitment procedures aimed at severely handicapped children (71.4 percent), and sharing services with other agencies serving severely handicapped children (65.9 percent). Programs also reported that they held orientation sessions for local diagnosticians and provided them with special materials, etc. (40.5 percent), made change(s) in recruitment and enrollment criteria (25.1 percent), and took other steps (12.9 percent).

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Reasons for Not Enrolling Some Handicapped Children

About one-half (50.4 percent) of all Head Start programs reported that they were not able to enroll 5,971 handicapped children located by or referred to them. In 1984, 52 percent of the programs reported that they were not able to enroll 5,511 handicapped children. Table 7 provides data on the number and percent of such programs, the number of handicapped children, and indicates the primary reason why they were not able to enroll these children. Most common among these reasons were: the children did not fit the age requirements, other agencies serve these children, no available openings, and child's parents refused.

TABLE 7

Rank Ordering By Number and Percent of Programs of Reported Reasons Why Some Handicapped Children Located by or Referred to Head Start Programs Were Not Enrolled

Primary Reasons* for Not Enrolling Some Handicapped Children	Number of Programs	Percent of the 917 Reporting Programs	Number of Handicapped Children Not Enrolled
Did not fit age requirements	377	41.1	1,027
Other agencies serve these children**	329	35.9	913
No available openings	291	31.7	1,230
Child's parents refused	308	33.6	696
Did not meet income guidelines	249	27.2	842
Handicap too severe for child to benefit from Head Start	225	24.5	413
Lack of adequate transportation	187	20.4	434
Other	150	16.4	416

B. Diagnosis and Assessment of Handicapped Children

The Head Start statutory definition of handicapped children excludes from reporting as handicapped those children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to ensure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by appropriate professionals. At the time of data collection, all of the 61,898 children reported as handicapped had been diagnosed by qualified professionals. Of these children, 21.2 percent were referred to Head Start by other agencies or individuals and diagnosed prior to Head Start. Another 23.8 percent were similarly referred, but diagnosed after Head Start enrollment. This is a total of 44.9 percent who were referred to Head Start by other agencies or individuals outside Head Start and is slightly higher than those so reported in 1984 (44.3 percent).

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* Head Start programs could report more than one primary reason as they report on the primary reason for each of the handicapped children located by or referred to them that they were not able to enroll.

** Head Start programs do, however, serve children who are also served by other agencies when this would lead to the full provision of comprehensive services for the child.

Almost half (45.6 percent) of the total handicapped children were diagnosed between the time of enrollment in Head Start and January 31, 1985. Over one-third (35.7 percent) were diagnosed prior to enrollment in Head Start, and 18.7 percent between February 1, 1985 and the end of the operating period for the programs. Additionally, there were 10,814 children who had been referred by Head Start programs for diagnosis but had not yet been professionally diagnosed. These children, believed to be handicapped, represent 2.1 percent of the actual enrollment in Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Appendix A) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to ensure confidentiality and to guard against mislabeling. No individual child is identified publicly as "handicapped." Only the aggregate numbers of children with specific handicapping conditions are reported by local Head Start programs to the ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individual Program Plan (IPP) or an Individual Education Plan (IEP) is developed based on the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special education and related services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents, and the child's teacher.

Step 4: Ongoing assessment of the child's program is made by the Head Start teacher, the parents, and, as needed, by the diagnostic team. The Individual Program Plan and the delivery of services are modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include: (1) updating the assessment information with the development of recommendations for future treatment; (2) conducting an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child; and (3) transferring of files, with parental consent. The public school is the primary agency responsible for following up to ensure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team, with close and continuing involvement of parents, appears to be the best way to ensure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning, and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services--medical, dental, nutritional, mental health, social services, and parent participation--tailored to the specific capabilities of each child. In addition, handicapped children are to receive special education, therapy, or other services, either within the Head Start program or as provided by other agencies. Parents of these handicapped children also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children at an early age can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs where handicapped children are mainstreamed give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capabilities.

A two year evaluation of mainstreaming in Head Start, conducted for ACYF,* indicated that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start. The study established that high levels of time spent in a mainstreaming situation were positively related to developmental gains and increased positive social interaction by Head Start handicapped children.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences with non-handicapped children on a systematic basis. In 1985, 98.3 percent of the Head Start programs had enrolled at least one handicapped child. Moreover, the data showed that handicapped children were present in 79.1 percent of the Head Start classrooms in 1985. These levels are close to those for 1984.

Special Services - Handicapped children have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1983, 1984, and 1985, by reporting Head Start programs.

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* Applied Management Sciences (AMS), an independent research firm, completed their evaluation of mainstreaming in Head Start in February of 1979. The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) System. These reports are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703-841-1212). The order numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

TABLE 8

Three Year Comparison of Special Services
Provided to Handicapped Children Enrolled in
Full Year Reporting Head Start Programs

Services Provided	1983	1984	1985
Total number of children who are receiving special education or related services from Head Start staff	51,697	55,416	58,250
Total number of children who are receiving special services from other agencies	36,664	38,280	42,016
Total number of parents receiving special services from Head Start related to their child's handicap	39,217	43,756	43,583

In each category of special services, the trend of increased numbers of children receiving special services continues. The number of children receiving special education or related services from Head Start staff increased by 5.1 percent from 55,416 in 1984 to 58,250 in 1985. The total number of children receiving special services from other agencies increased 9.8 percent from 1984 to 1985. The number of parents receiving special services from Head Start decreased slightly from 43,756 in 1984 to 43,583 in 1985. This is still one-fourth more than the number of parents served in 1982.

About 94.1 percent of the handicapped children received special education or related services from Head Start staff and 67.9 percent received special services from other agencies. About 62.7 percent of the handicapped children received services from both sources, reflecting an increase compared with 59 percent so reported in 1984. Almost one-third (31.4 percent) received services from Head Start staff only, and 5.2 percent from other agencies only. Less than one percent (0.7 percent) of the children received no special education or related services. This figure is lower than the 1984 figure of 1.1 percent and that of 0.9 percent for 1983.

Special Services Provided by Head Start

Head Start programs provide many special education and related services to handicapped children. These services include individualized instruction, counseling for parents, and psychological and physical therapy.

The special education or related services provided by Head Start staff, listed in order of the proportion of programs providing the services, are: individualized teaching techniques (94 percent); speech therapy and language stimulation (84.2 percent); transportation (80.6 percent); education in diet, food, health, and nutrition (79.7 percent); counseling for parent or family (79.4 percent); assistance in obtaining special services included in the IEP/IPP (79.2 percent); special teaching equipment (68.2 percent); psychotherapy, counseling and behavior management (61.8 percent); medical or psychological diagnosis, evaluation, or testing (49 percent); medical treatment (39 percent); special equipment for children (37.9 percent); physical therapy and physiotherapy (15.5 percent); occupational therapy (12.2 percent); and other services (6.7 percent).

Special Services Provided by Other Agencies

Head Start also received services for handicapped children in their programs from other agencies. These services, listed in order by the proportion of programs receiving services, are: medical or psychological diagnosis, evaluation or testing (84.5 percent); speech therapy and language stimulation (82 percent); medical treatment (74.9 percent); family or parental counseling (71 percent); psychotherapy, counseling and behavior management (67 percent); individualized teaching techniques (65.9 percent); assistance in obtaining special services included in IEP/IPP (66.2 percent); special equipment for children (51.9 percent); physical therapy (50.4 percent); education in diet, food, health, and nutrition (42.9 percent); transportation (40.1 percent); occupational therapy (37.4 percent); special teaching equipment (45.7 percent); and other services (4.6 percent).

Special Services Provided to Parents of Handicapped Children

Of the Head Start programs serving handicapped children, 93.9 percent provided special services to parents of handicapped children. The services, listed in order of percent of programs providing the services, are: referrals to other agencies (87.8 percent); counseling (83.7 percent); conferences with technical staff and other meetings (81.2 percent); literature or special teaching equipment (79.1 percent); visits to homes, hospitals, etc. (77.8 percent); transportation (77 percent); parent meetings (76.6 percent); medical assistance in securing medical services (72.9 percent); workshops on school services (64.7 percent); special classes (49.3 percent); and other services (7.2 percent).

Other Special Services Provided by Head Start

In 1985, 96.4 percent of the Head Start programs had a coordinator of services for handicapped children. Over a third (34 percent) of the programs reported a full-time coordinator. About half (49.9 percent) reported a part-time coordinator and 14.6 percent indicated that as a delegate agency they were served by a handicapped coordinator at the grantee level. Of the 1,848 programs in 1985, 85.7 percent had a coordinator with a degree or license. In 14.9 percent, the coordinator's degree or license was in early childhood/special education, in 13.4 percent, it was in special education, 7.1 percent in speech pathology/audiology, 8.4 percent in psychology, and 47.6 percent in some other area.

In 1985, 9,477 volunteers in over 43 percent of the Head Start programs provided special assistance to handicapped children. This is an increase over the 9,403 volunteers reported in 1984 programs. In addition, 6,541 staff members that provided special assistance to handicapped children in 59.4 percent of the Head Start Programs were from other agencies. This is a slight increase from 1984 when 6,404 staff from outside agencies in 59 percent of the programs provided special assistance.

Resource Access Projects (RAPS) - Head Start's commitment to individualization for all children, including those with handicaps, has provided the basis for mainstreaming handicapped children in a setting with non-handicapped youngsters.

Head Start's effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start programs in each ACYF region throughout the nation. The fifteen RAPs are also providing services to Migrant grantees. A sixteenth RAP was funded in 1984 to serve Indian grantees in ten western States.

It is the responsibility of each RAP to assist Head Start in working with handicapped children. Activities performed by each RAP include the following:

- Identify local, regional and national resources;
- Determine local Head Start needs and match these needs with available resources;
- Coordinate the delivery of services to Head Start programs;
- Provide training and technical assistance;
- Promote and facilitate collaborative efforts between Head Start and other agencies; and
- Provide resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training designed to introduce the eight resource manuals in the series Mainstreaming Preschoolers* which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with handicapped children. The RAPs are responsible for conducting a minimum of one workshop per State each year, and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

In 1984-1985, the RAPs conducted 549 training events for 28,690 persons including teachers, teacher aides, and other personnel. A separate contract was awarded to assess the performance of the RAPs. Approximately 37 percent of those attending the training events were Head Start teaching staff. Evaluations by participants have shown that these conferences were very successful. Teachers and other Head Start staff members, including aides, directors, component coordinators, parents, and support staff, have indicated that they have benefited greatly from the training. Ninety-six percent of the trainees who completed evaluation forms gave the RAPs the top two ratings on the scale used to evaluate training. Participants indicated they learned new skills for working with handicapped children and learned to work more comfortably with handicapped children. They anticipated that they would do three things differently as a result of training (e.g., closer observation of handicapped children, use new materials and resources to work with handicapped children in the classroom, etc.). Further, from the telephone survey sample of 313 programs, Head Start programs indicated that training was the most valuable service provided by RAPs.

The RAP training and the Mainstreaming Preschoolers manuals have been widely acclaimed not only throughout the Head Start community, but have also achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other Federal agencies, national professional associations, volunteer organizations that provide services to handicapped children, and State educational agencies. They are also being used in public schools, day care programs, universities and other organizations. The series has been shared with foreign governments as well.

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* For the information of those working in programs for handicapped children, the series of eight program manuals detailing the procedures and techniques for mainstreaming handicapped preschoolers into Head Start classrooms is for sale by the Government Printing Office. Requests should be addressed to: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders must be accompanied by a check or money order made payable to the Superintendent of Documents. The orders must also include titles and GPO stock numbers. The documents that are available are Mainstreaming Preschoolers: Children With Mental Retardation (GPO Stock No. 017-092-00029-4), $6.50; Mainstreaming Preschoolers: Children With Visual Handicaps (GPO Stock No. 017-092-00030-8), $6.00; Mainstreaming Preschoolers: Children With Health Impairments (GPO Stock No. 017-092-00031-6), $6.50; Mainstreaming Preschoolers: Children With Hearing Impairments (GPO Stock No. 017-092-00032-4), $6.50; Mainstreaming Preschoolers: Children With Speech and Language Impairments (GPO Stock No. 017-092-00033-2), $6.50; Mainstreaming Preschoolers: Children With Orthopedic Handicaps (GPO Stock No. 017-092-00034-1), $6.50; Mainstreaming Preschoolers: Children With Learning Disabilities (GPO Stock No. 017-092-00035-9), $6.50; Mainstreaming Preschoolers: Children With Emotional Disturbances (GPO Stock No. 017-092-00036-7), $6.50.

Other major foci of the sixteen RAPs include promoting collaboration between Head Start and other programs and agencies serving handicapped children and facilitating the inclusion of Head Start in the State plans for serving handicapped children as supported under P.L. 94-142. In 1974, an interagency agreement between ACYF and the Office of Special Education in the Department of Education designated the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of the State plans for preschool handicapped children which are supported under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 42 States or territories. Two new written agreements were signed during the 1984-1985 program year. One of these was between ACYF and the SEA and one was between the State Council of Head Start Directors and the SEA.

In both of these two new written agreements for Colorado and Virginia, Head Start programs will participate in "Child Count/Find" activities; Head Start and the public schools agree to dual enrollment whenever possible and appropriate; and agree to sharing information, data and training and technical assistance. Both will coordinate screening procedures, participate in the IEP process and transition planning. The agreements also encourage Head Start and local education agency (LEA) agreements. For Colorado, transportation and other resources will be shared and the agreement provides for an annual review process. For Virginia, respective representation on local Special Education Advisory Committees and Head Start Policy Making Boards is encouraged.

On September 23, 1983, the U.S. Department of Health and Human Services, Office of Human Development Services and the U.S. Department of Education, Office of Special Education and Rehabilitation Services, signed an Interagency Agreement for a $400,000 project to improve services to young handicapped children. Funding for the project was provided by the Department of Education, Special Education Programs ($300,000) and the Department of Health and Human Services, Administration for Children, Youth, and Families ($100,000), with collaboration from the Administration on Developmental Disabilities. The major goal of the project was to expand a training program being developed by Head Start to prevent abuse and neglect of young handicapped children. Copies were disseminated to Head Start programs in 1984 and a version adapted for use by public schools and other agencies was developed for distribution in 1985. With the collaboration of public school personnel this prevention program also included handicapped kindergarten children. The RAPs and University Affiliated Facilities programs in five geographic areas developed and field tested the materials in Head Start and public schools. Copies of these materials were disseminated in 1985. This agreement also provided for the development of a film on serving a severely handicapped child within a Head Start program and during the transition to a public school. This film was produced in 1984 and training materials to accompany it were completed during 1985.

The list of sixteen RAPs in the network is provided in Appendix B.

D. Coordination With Other Agencies

Current Local Efforts - Head Start programs reported working with other agencies in several ways. Of the 61,898 handicapped children enrolled in the programs, 27,817 (44.9 percent) had been referred to Head Start by other agencies or individuals, including welfare departments, public school systems, Easter Seal Societies, and Crippled Children Associations. Of those referred, 13,096 (47.1 percent) were professionally diagnosed as handicapped prior to enrollment in Head Start.

Nearly 68 percent of the handicapped children in Head Start received special education or related services from other agencies. These services included speech therapy, language stimulation, physical therapy, and other therapy related to the child's specific handicapping condition, special health services, special equipment for the child, and family counseling. About 59 percent of the programs utilized 6,541 additional staff from outside agencies to provide special assistance for handicapped children.

About 96 percent of the programs reported having written or informal agreements with LEAs or other agencies regarding services for handicapped children. A total of 1,568 Head Start programs (84.9 percent) had a written or informal agreement with LEAs regarding services to be provided to handicapped children in Head Start. A total of 1,646 (89.1 percent) of the Head Start programs had written or informal agreements with agencies other than LEAs regarding services to be provided to handicapped children in Head Start.

APPENDIX A

Diagnostic Criteria for Reporting
Handicapped Children in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses. These professionals must take into consideration the cultural/ethnic characteristics of the Head Start children.

To be counted as handicapped, children must meet two criteria. They must have one of the following handicapping conditions (by professional diagnosis) and, by reason thereof, require special education and related services.

Blindness - A child shall be reported as blind when any one of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap) - A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the State of residence.

Hearing Impairment (Handicap) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

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* Multiple Handicaps: Children will be reported as having multiple handicaps when, in addition to their primary or most disabling handicap, one or more other handicapping conditions are present.

Physical Handicap (Orthopedic Handicap) - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and noncommunicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, or psychotic.

Specific Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and special educators with at least Master's degrees and evidence of special training in the diagnosis of learning disabilities.)

APPENDIX B

1984-1985 Resource Access Project Network

DHHS Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Square Village, Suite 1M New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Georgetown University Child Development Center 3800 Reservoir Road, NW Bles Building Washington, D.C. 20007
IV	Florida Georgia North Carolina South Carolina	Chapel Hill Training-Outreach Project Lincoln Center, Merritt Mill Road Chapel Hill, North Carolina 27514
	Mississippi	Friends of Children Head Start 119 Mayes Street Jackson, Mississippi 39213
	Alabama Kentucky Tennessee	Peabody College/Vanderbilt University Box 317 Nashville, Tennessee 37203
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School 403 East Healey Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	Portage Project 626 East Slifer Street Portage, Wisconsin 53901

DHHS Region	States Served	Resource Access Project (RAP)
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Projects Division P.O. Box 4170 Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit 26 Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Denver Research Institute/SSRE University of Denver Denver, Colorado 80208
IX	Arizona California Nevada	Child, Youth and Family Services 1741 Silverlake Boulevard Los Angeles, California 90026
	Pacific Trust Territories and Hawaii	University of Hawaii Biomedical Building, C-105M 1960 East West Road Honolulu, Hawaii 96822
X	Idaho Oregon Washington	Portland State University Division of Continuing Education P.O. Box 1491 Portland, Oregon 97207
	Alaska	Easter Seal Society of Alaska 620 East 10th Avenue, Suite 203 Anchorage, Alaska 99501
American Indian Programs in:		
	Arizona Colorado Montana Nevada New Mexico North Dakota Oklahoma South Dakota Utah Wyoming	American Indian Law Center, Inc. P.O. Box 4456 - Station A Albuquerque, New Mexico 87196

APPENDIX C

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1984-1985

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Alabama	40	11,923	1,213	10.17
Alaska	3	805	80	9.94
Arizona	18	3,780	429	11.35
Arkansas	21	6,770	853	12.60
California	142	42,102	4,420	10.50
Colorado	22	5,465	693	12.68
Connecticut	28	5,019	619	12.33
Delaware	5	1,056	158	14.96
District of Columbia	6	2,218	262	11.81
Florida	39	13,963	1,628	11.66
Georgia	40	11,490	1,378	11.99
Hawaii	4	1,418	174	12.27
Idaho	8	1,462	289	19.77
Illinois	76	25,714	2,811	10.93
Indiana	39	7,821	1,099	14.00

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 12 B1h of the Project Head Start 1984-1985 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1985 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1984-1985

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Iowa	22	4,243	653	15.39
Kansas	22	3,854	632	16.40
Kentucky	50	11,964	1,345	11.24
Louisiana	42	11,217	1,250	11.14
Maine	13	1,952	357	18.29
Maryland	26	6,044	819	13.55
Massachusetts	33	8,834	1,405	15.90
Michigan	86	22,417	2,495	11.13
Minnesota	27	5,713	701	12.23
Mississippi	22	30,293	3,291	10.86
Missouri	22	9,916	1,705	17.19
Montana	9	1,312	176	13.41
Nebraska	14	2,201	397	18.04
Nevada	4	670	85	12.69
New Hampshire	6	829	118	14.23
New Jersey	35	11,147	1,294	11.61

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 12 B1h of the Project Head Start 1984-1985 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1985 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1984-1985

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
New Mexico	25	4,406	447	10.15
New York	152	30,553	3,485	11.41
North Carolina	45	11,802	1,539	13.04
North Dakota	9	747	116	15.53
Ohio	75	24,172	3,397	14.05
Oklahoma	26	8,575	1,268	14.79
Oregon	20	3,296	532	16.14
Pennsylvania	65	18,167	2,905	15.99
Rhode Island	8	1,562	214	13.70
South Carolina	18	7,041	821	11.66
South Dakota	7	1,225	149	12.16
Tennessee	25	9,285	1,266	13.63
Texas	88	24,739	2,765	11.18
Utah	12	2,277	302	13.26
Vermont	6	908	129	14.21

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 12 B1h of the Project Head Start 1984-1985 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1985 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1984-1985

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Virginia	36	6,135	830	13.53
Washington	28	4,861	776	15.96
West Virginia	27	4,397	714	16.24
Wisconsin	38	7,484	945	12.63
Wyoming	5	819	107	13.06
American Samoa	1	1,800	0	0.00
Guam	1	424	42	9.91
Puerto Rico	32	18,648	2,062	11.06
Trust Territories of The Pacific Islands****	6	2,637	165	6.26
Virgin Islands	1	1,193	63	5.28
State Subtotal	1,680	470,783	57,868	12.29
Indian Programs	103	16,548	1,907	11.52
Migrant Programs	65	20,584	2,123	10.31
Total	1,848	507,915	61,898	12.19

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment, as obtained from item 12 B1h of the Project Head Start 1984-1985 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1985 or the end of the operating year.

**** Include Head Start programs in the Commonwealth of Northern Mariana Islands, Marshall Islands, Palau, Ponape, Truk, and Yap.